

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>12/30/09</u>		2 Serial/Patent # <u>09/847,236</u>										
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
	Filing			\$								
	Amendment			\$								
	Extension of Time			\$								
	Notice of Appeal/Appeal			\$								
X	Petition		10/30/09	\$ 1,620.00								
	Issue			\$								
	Cert of Correction/Terminal Disc.			\$								
	Maintenance			\$								
	Assignment			\$								
	Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 1,620.00								
		8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check										
	Overpayment	X	Credit Deposit A/C #:									
X	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">2</td> <td style="width: 20px;">6</td> </tr> </table>				0	6	--	2	2	2	6
0	6	--	2	2	2	6						
	No Fee Due (Explanation):											
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>JoAnne L. Burke</u>		TITLE: <u>Paralegal Specialist</u>										
SIGNATURE: <u>/JoAnne L. Burke/</u>		PHONE: <u>(571) 272-4584</u>										
OFFICE: <u>Office of Petitions</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u></u>		DATE: <u>12/31/09</u>										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**